

September 22, 2009

Los Angeles County Board of Supervisors

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SUBJECT:

TO:

FROM:

STATUS REPORT ON KEY INDICATORS OF PROGRESS.

HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #20 (Agenda Item #S-1,

September 22, 2009)

Michael D. Antonovich Fifth District

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the period of August 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of August was 592 out of 671 licensed beds, an estimated 86% utilization rate (88% occupancy). The census for Medical/Surgical units was an estimated 96% utilization rate (98% occupancy) for August 2009.

Emergency Department (ED) Indicators

www.dhs.lacounty.gov

During the month of August some indicators increased slightly (Mean ED Boarding Time and ED Wait Time), while other indicators have decreased slightly (Left Without Being Seen, Ambulance Diversion, and Surge Levels) revealing no significant change in ED indicators from the prior month.

To improve health through leadership, service and education.

The volume of patients transferred out to both Rancho Los Amigos Medical Center and private hospitals continues to increase. In the month of August, total transfers increased by 11% over the prior month.

Additional Information Requested

On September 8, 2009, your Board instructed the Interim Director of Health Services to report back on: 1) the development of clear triggers for when to relocate patients to nearby hospitals when the hospital becomes dangerously overcrowded; and 2) a plan to achieve a two to three hour turnaround time for utilization of available hospital beds. Responses to those questions are included below:

<u>Surge Level Triggers</u> -- DHS executive management is meeting with LAC+USC to develop a trigger methodology that will prompt the transfer of patients to other hospitals. In addition, current actions performed at existing levels of the Surge Plan will be implemented sooner in the response matrix.



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DHS has also filed a Board letter for the September 29, 2009 Board Agenda to obtain authority to enter into additional Patient Transfer Agreements with private hospitals that are geographically located near LAC+USC.

<u>Plan for 2-3 Hour Bed Turn Around Time (BTAT)</u> -- LAC+USC is in the second month of implementing the Performance Improvement Project developed to reduce BTAT to an average of three hours or less. Various activities are being implemented with a key target of implementing a computerized surge plan reporting and tracking system by December 2009.

If you have any questions or need additional information, please contact me or Carol Meyer, Chief Network Officer, at (213) 240-8370.

JFS:CM:pm 811:003

Attachment

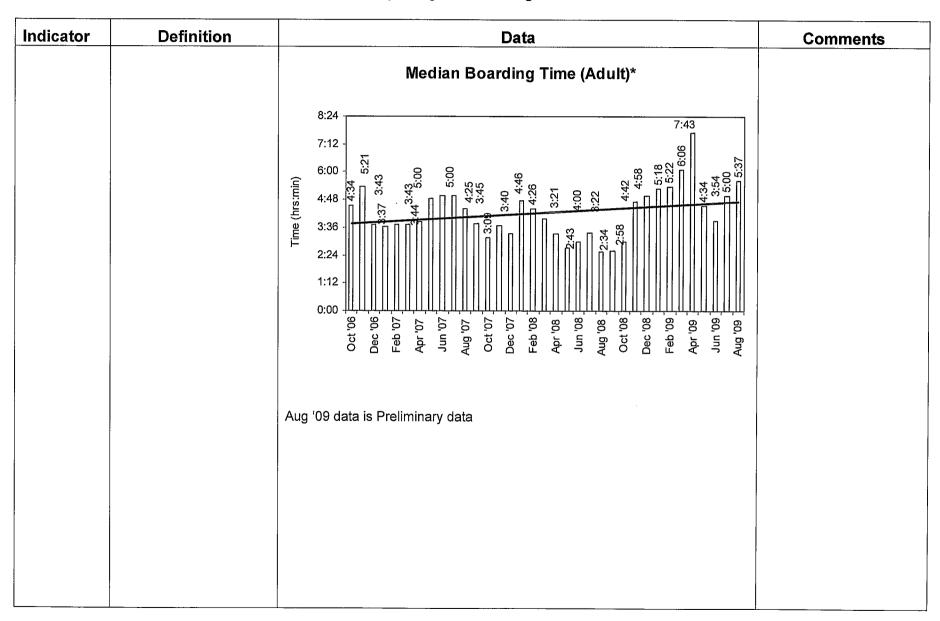
c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Indicator	Definition	Data	Comments
Indicator #1	 Trends in Average Dai 	ly Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC Record Fig. 199	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Mov Dec Jan Feb Mar Apr May Jun Jul Aug 109 2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn / 600 Med Center Census + Newborns / 600 Med Center Census + Newborns / 600 Med Center Census + Newborns / 600	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

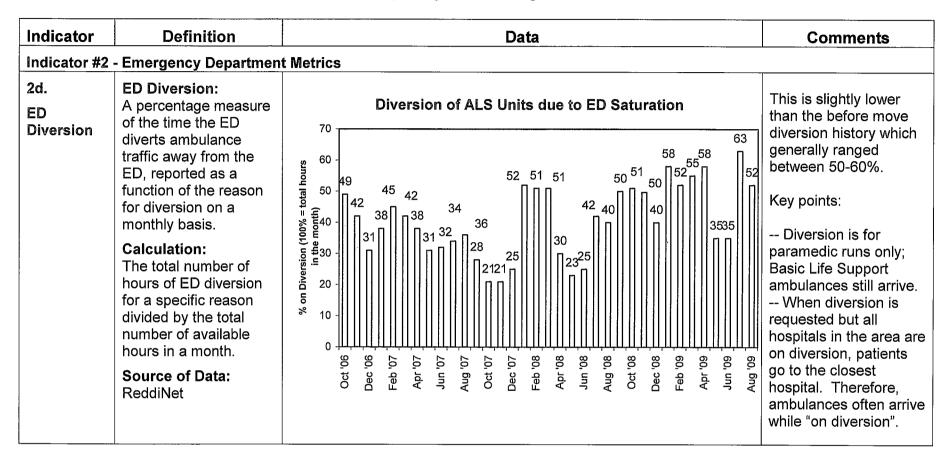
Indicator	Definition	Data	Comments
		3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671 90% 173.7% 77% 82% 83% 85% 85% 85% 85% 85% 88% 88% 86% 85% 85% 85% 85% 88% 88% 88% 85% 85% 85	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Time (hr.min) 18:54 2:15 3:36 2:39 2:39 2:39 3:38 3:	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	3:36 - 2:24 - 1:12 - 2:24 - 1:12 - 2:00	
	Source of Data: Affinity Target: Less than 7 hours.	Aug '09 data is Preliminary data	



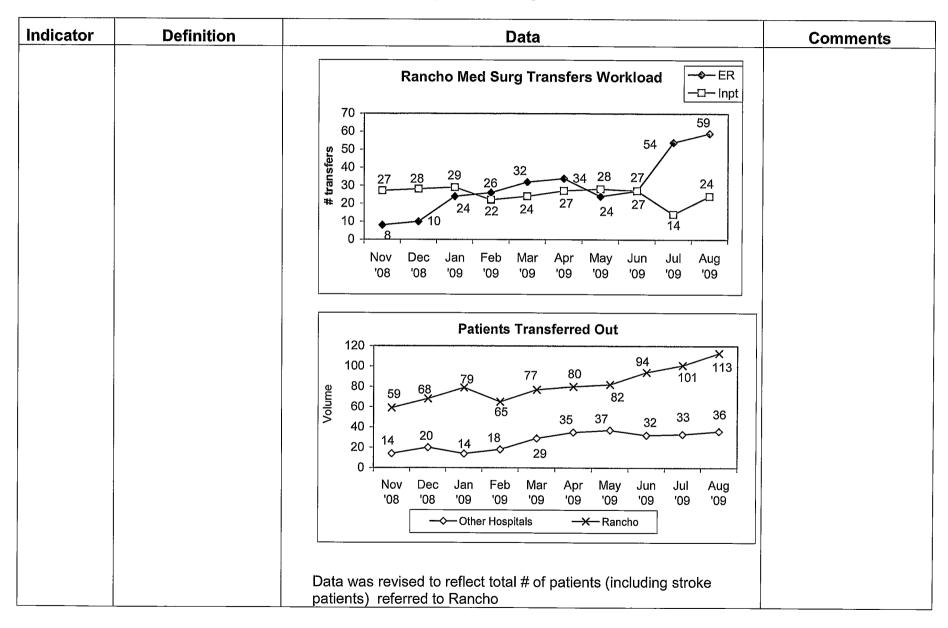
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either	ED Wait Time	
	admitted or discharged reported as an arithmetic mean.	12:00:00 - Nov '08	
	Definition: Sum of all wait time values during the	09:36:00 -	
	monthly reporting period divided by the total number of values.	07:12:00 - 04:48:00 - 02:24:00 -	
	Source of Data: Affinity	02:24:00 -	
	Target:	00:00:00	
	No target value. Lower numbers are better.	Adult Peds Total	
		Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients Total ED Wait time: *Excludes Psych, Observation Unit, and Jail	
		Total ED Wait time: *Excludes Psych, Observation Unit, and Jail Aug'09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 Left Without Being Seen 2500 - 18% 16% 16% 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	Aug '09 data is Preliminary data	



Level Dangerously Overcrowded Severely Overcrowded Overcrowded Extremely Busy	% distribution 5.1% 40.3%	Hours 38		
Dangerously Overcrowded Severely Overcrowded Overcrowded	5.1%	<u></u>		
Dangerously Overcrowded Severely Overcrowded Overcrowded	5.1%	<u></u>	-	
Severely Overcrowded Overcrowded				
		300	1	
Extremely Rusy	34.4%	256		
Extremely busy	14.5%	108		
Busy	5.6%	42		
Not Busy	0%	0		
to ED Saturation (ambulance of hospital also occurs, such as in discharges, etc. The fifth level is Red ("Severely bed capacity protocols, transfe leadership notification, bed hud. The sixth level is Black ("Danger of the sixth lev	ue and Yellow ("Busiclosing to outside la vercrowded") which inversion). A variety of increasing transfers to y Overcrowded") which increasing transfers to y Overcrowded") which increase to other didles and other service erously Overcrowde	y" and "Extremely ateral transfers. is analogous to be of activities through to Rancho, expedition implements are hospitals, hospice operation means of the high and "). This is the highestern is the highestern in the second of	eing closed ghout the iting dvanced ital asures.	
	to ED Saturation (ambulance of hospital also occurs, such as in discharges, etc. The fifth level is Red ("Severely bed capacity protocols, transfel leadership notification, bed hud. The sixth level is Black ("Dang	to ED Saturation (ambulance diversion). A variety hospital also occurs, such as increasing transfers discharges, etc. The fifth level is Red ("Severely Overcrowded") who bed capacity protocols, transferring patients to othe leadership notification, bed huddles and other servent. The sixth level is Black ("Dangerously Overcrowded")	to ED Saturation (ambulance diversion). A variety of activities throughospital also occurs, such as increasing transfers to Rancho, expedidischarges, etc. The fifth level is Red ("Severely Overcrowded") which implements a bed capacity protocols, transferring patients to other hospitals, hosp leadership notification, bed huddles and other service operation mediates. The sixth level is Black ("Dangerously Overcrowded"). This is the highest capacity is the sixth level is Black ("Dangerously Overcrowded").	The fourth level is Orange ("Overcrowded") which is analogous to being closed to ED Saturation (ambulance diversion). A variety of activities throughout the hospital also occurs, such as increasing transfers to Rancho, expediting discharges, etc. The fifth level is Red ("Severely Overcrowded") which implements advanced bed capacity protocols, transferring patients to other hospitals, hospital leadership notification, bed huddles and other service operation measures. The sixth level is Black ("Dangerously Overcrowded"). This is the highest level of overcrowding and activates the Temporary ED overflow patient care area.

Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	ersions and Transfers & #4	– Transfers	to Rancho Los	Amigos Metrics	5
3. & 4.	Transfers:	Month of Aug				
Rancho	The volume of patients transferred to RLAH for	Referrals from ER:				
Los Amigos	acute hospitalization		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	from the Emergency Department and from	# Met transfer criteria	85	NA	_	
Transfers	Inpatient Units.	# Referred to RLAH	68	29	97	
	Data Carrier	# Transfers	59	29	88	
	Data Source: Manual record keeping.	# Denied	9	NA	-	
		# Cancelled	17*	NA		
	Cancelled category includes patients who's condition changed leading to higher level	# Patients refused*	17	NA	-	
		Referrals from Inpatients	<u>:</u>			
	of care or discharge home.		Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	39	NA	-	
		# Referred to RLAH	39	1	40	
		# Transfers	24	1	25	
		# Denied	9	NA	_	
		# Cancelled	6*	NA	-	
		# Patients refused*	0	NA	-	
		Other /Pending	NA	NA		



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	rs	
5. Average Length of Stay (ALOS)	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the same.	ALOS 7 6.5 6.5 6.4 6 5.6 5.6 5.6 5.7 5.7 5.7 5.7 5.8 5.8 5.8 5.8 6.0 6.0 5.5 5.7 5.7 5.7 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS
*Harris Rodde Indicator	Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to	\$\frac{5.5}{5.1}\$ \frac{5.5}{5.3}\$ \frac{5.5}{5.2}\$ \frac{5.5}{5.3}\$ \frac{5.5}{5.2}\$ \frac{5.5}{5.3}\$ \frac{5.5}{5.6}\$ \frac{5.5}{5.3}\$ \frac	increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on the number of transfers.
mulcator	one decimal place.	— Target ALOS —□—Actual ALOS	
	Source of Data: Affinity	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	
	Target: <5.5 days		

Indicator	Definition			Data			Comments
Indicator #6 – P	ediatric Metrics						
6. Pediatric Bed Census and Occupancy	Census: The total number admitted pediatric inpatients at 12:00 AM	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
(%)	midnight of a designated pediatric ward.	Nov-08 Dec-08	56% 52%	54% 60%	50% 60%	33% 40%	
Pediatric ICU (PICU)	Occupancy: The total number of	Jan-09 Feb-09	52% 50%	68% 80%	70% 80%	75% 85%	
Neonatal ICU (NICU)	admitted pediatric inpatients divided by the total number of	Mar-09 Apr-09	57% 57%	72% 60%	70% 60%	75%	
Pediatric Unit Adolescent Unit	licensed beds on that unit and reported as percentage.	May-09 Jun-09	62% 60%	72% 64%	70% 60%	80% 75%	
	Source of Data:	Jul-09 Aug-09	57% 55%	72% 64%	60% 60%	80%	
	Affinity						